U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name William F Carroll	Name Teamsters Local 344
	Labor Organization File Number 036-973
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 10020 W. Greenfield Ave.	Street 10020 W. Greenfield Ave.
City Milwaukee	City Milwaukee
State Wisconsin ZIP Code + 4 53214	State Wisconsin ZIP Code + 4 53214
5. Position in labor organization. President/Business Represen	itative
monetary value from an employer whose employees your organiz. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
(except as specified in the ex	or derived income or other economic benefit of
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Character 1	7.b. Amount.
Street	· Jacobson · Committee · Commi
City	
State ZIP Code + 4	
S	ignature
submitted in this report (including the information contained in any accompundersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the exection on penalties in the instructions.)
Signed in Clase of Carel of	On 8/9/2005 414-777-4473
	Date Telephone Number

Name of Person Filing William Carroll	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or rindirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Allco Credit Union Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6512 W. Greenfield Ave. City West Allis State Wisconsin ZIP Code + 4 53214	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Certificate of Deposit; Safe Deposit Box
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$235,809 12.a. Nature of interest held or income received. Personal Checking Account, Personal Savings Account
C. Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of mo	ney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing	William Carroll	
Name or Ferson Filling	William Carroll	

File	Nun	nber	U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (includ	ing trade name	if any)	9. Business deals with:		
be a substitute	my trade mame,	n any).			
Name The Segal Company	anni e i mantantanta de de carte con los colos para de mante esta de constante de constante de constante de co	actropost sopielos de la contrata en la contrata la contrata de la contrata de la contrata de la contrata de l	a. Labor Organization		
Trade Name, if any:		deathnood organization of the state of the s			
P.O. Box, Bldg., Room No., if any			b. Trust		
P.O. Box, Blug., Room No., II any	**************************************		generation of Completions		
Street 101 N. Wacker Dr.	et en congression en mora mataria e es en conscion moyeres e	ennimmetéraette televaturas as-as-to-en	c. Employer		
City Chicago	atharin Speciel as an area anno ann as an as an as an as an ann ann ann	ediczenniajennickje czyniejscosowy zoonowanie wyż			
State Illinois	ZIP Code + 4	60606			
10. If 9.b. or 9.c. is checked give trust or emp	oloyer's name.		11.a. Nature of such dealing.		
Name Milwaukee Drivers Trust	: Funds		Health, Welfare and Pension Fund C	onsulting	
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
\$					
Street 10020 W. Greenfield Ave					
City Milwaukee	2-15-11-11-11-11-15-1-15-2- 			11 10 10 10 10 10 10 10 10 10 10 10 10 1	
general statement statement and the statement an	710 0-4- : 4 [
State Wisconsin	ZIP Code + 4	53214	11.b. Approximate dollar value of such dealing.		
			12.a. Nature of interest held or income received.		
			Dinner and Sporting Event		
				- Control of the Cont	
				ianniannamaaaannamaanninnamaaaaaaaaaaaa	
			12.b. Amount.	\$67	

Name of Person Filing	William	Carroll
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File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (includ	ling trade name, if any).	9. Business deals with:	
Name M&I Marshall & Ilsley 7	Trust Company	governing	
Trade Name, if any:		a. Labor Organization	
P.O. Box, Bldg., Room No., if any		🔀 b. Trust	
Street 1000 N Water St. TR-12	2	c. Employer	
City Milwaukee	Microsophysics programs in a construction of the following sequences and the program of the construction of the following in		
State Wisconsin	ZIP Code + 4 53202		
10. If 9.b. or 9.c. is checked give trust or emp	ployer's name.	11.a. Nature of such dealing.	
Name Milwaukee Drivers Trust	- Funds	Health and Welfare Fund Custodian; Pension Fund Custodian	
Trade Name, if any:	anangantiinii iiii iiii iiii iiiiiiii iiiiaadaga qaaraan aanaan aanaa aanaa aanaa aa aa aa aa		-
P.O. Box, Bldg., Room No., if any			
Street 10020 W. Greenfield Ave			
City Milwaukee			
State Wisconsin	ZIP Code + 4 53214	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	Emmanyon on the printers and the second
		Lunch and Sporting Event	weeten and the second s
		12.b. Amount.	

2004 Form LM – 30 Disclaimer

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for the calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended form LM-30.

William F. Carroll

Date